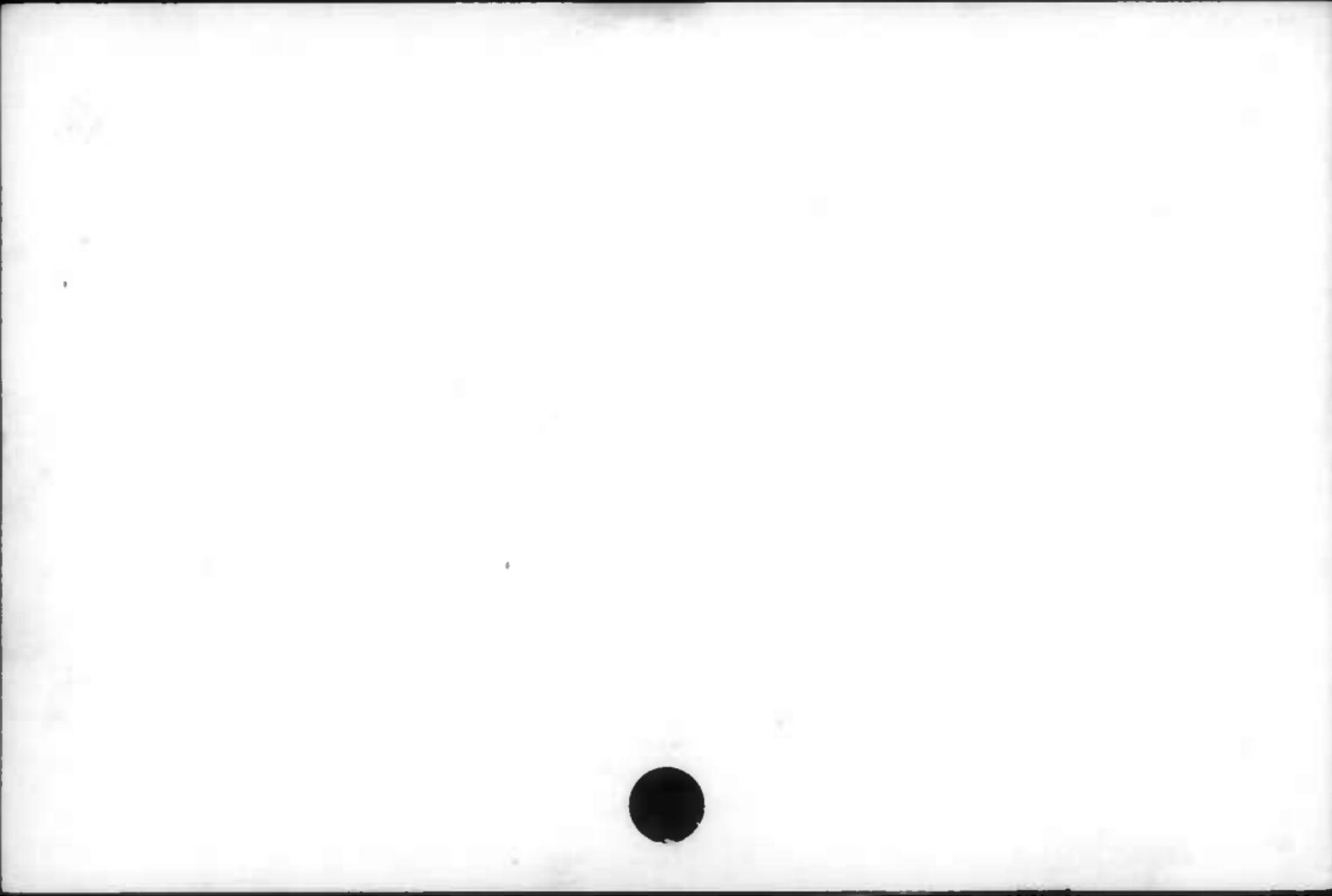


Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Still Born Child				CERTIFICATE OF DEATH			
Altwater		Town	County	Talbot		MARYLAND	
Died near	Eaton	Month	Year	Age	Months	Days	
Date of death	1909	9	29	—	—	—	
Sex	Female	Color or Race	Caucasian	Birth-place	Talbot Co Md		
Occupation	—	Where Residing if not at place of death			—		
Married, Single or Widowed	—	Name of Wife or Husband			—		
Father's Name	John L Altwater			Father's Birthplace	Talbot Co		
Mother's Maiden Name	Mary Gentry			Mother's Birthplace	Baltimore		
Name of person giving Information	John Altwater			How related to deceased	Father		
Primary	CAUSES OF DEATH			⑧	✓		
Immediate	Cord Around Neck Suffocation			Drunk now	How long 4 hours		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. Dugillson	Address Easton			
Accident or Suicide	No						



Name  
in  
Full

Isaac Barto

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1909	Month Sept	Day 22	Years 82	Month 10	Days 14
Sex	Male	Color or Race	White	Birthplace	Pennsylvania	
Occupation	Retired Farmer			Where Residing if not at place of death	X	
Mariad, Singla or Widowad	Widower	Name of Wifa or Husband	Francis Barto			
Father's Name	Jacob Barto			Father's Birthplace	Pa.	
Mother's Maiden Name	Francis Shelleberger			Mother's Birthplace		
Name of person giving Information	Lehas. L. Rose			How related to deceased	Son	

CAUSES OF DEATH

79  
How long

Primary

X

How long

10 minutes

Immediate

disease of the Heart

Are the name, age, sex, color, date and place correctly given above?

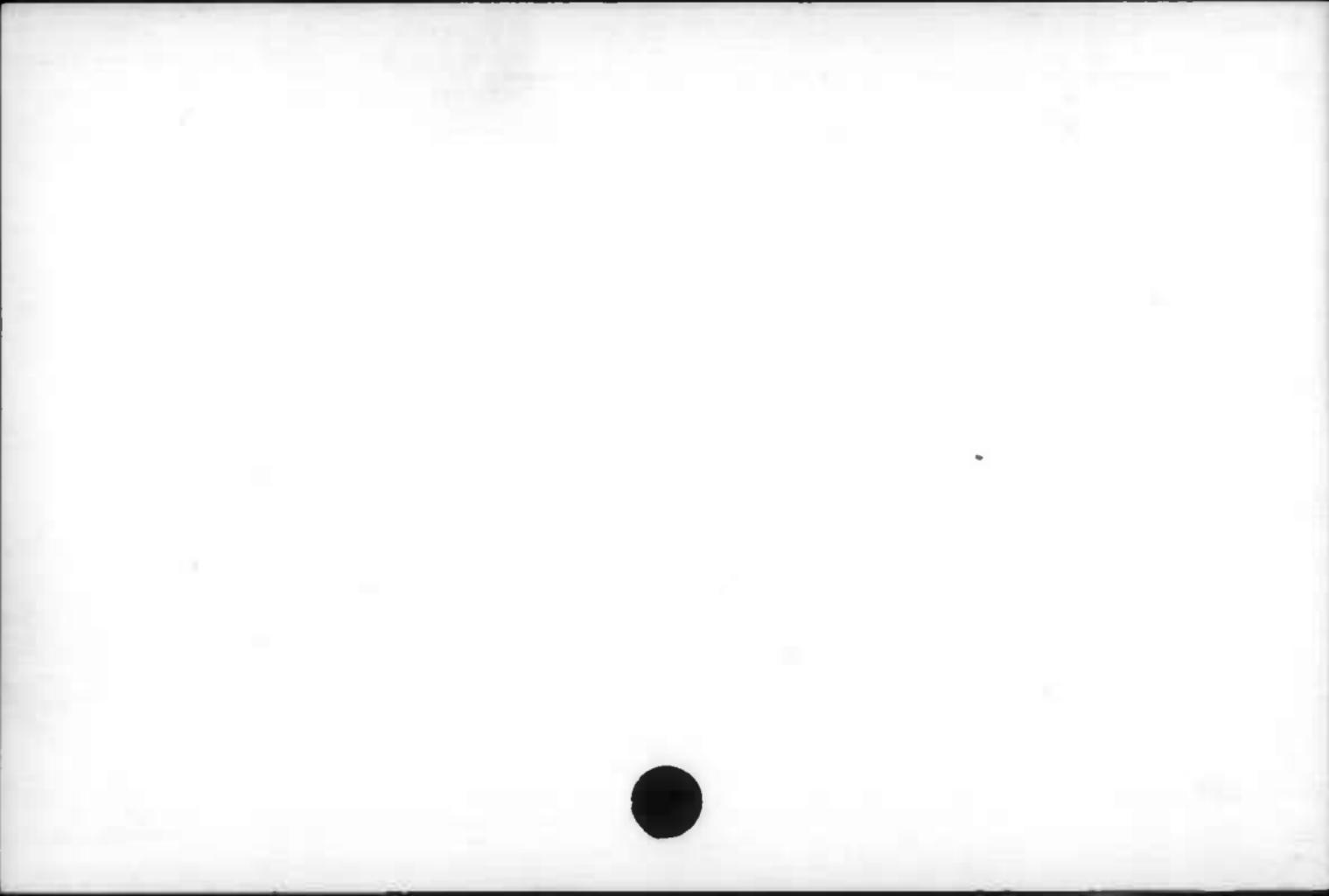
Yes

Signature of Physician

Address

Lehas. H. Rose  
C'ordova, Md.

Accident or Suicida



Name  
in  
Full

Laura Margaret Bradley

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Trappe	Talbot	Months	Days
Date of death	Month	Day	Years	
1909	Sept.	24	Age	—
Sex	Female	Color or Race	Birth-place	
Occupation		white	Talbot Co.,	
Married, Single or Widowed	Where Residing if not at place of death			
Father's Name	Name of Wife or Husband			
Mother's Maiden Name				
Name of person giving Information	Father's Birthplace			
	Talbot Co.,			
	Mother's Birthplace			
	Talbot Co.,			
	How related to deceased			
	Father			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Enteric Colitis

Immediate

Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

105

How long

6 weeks

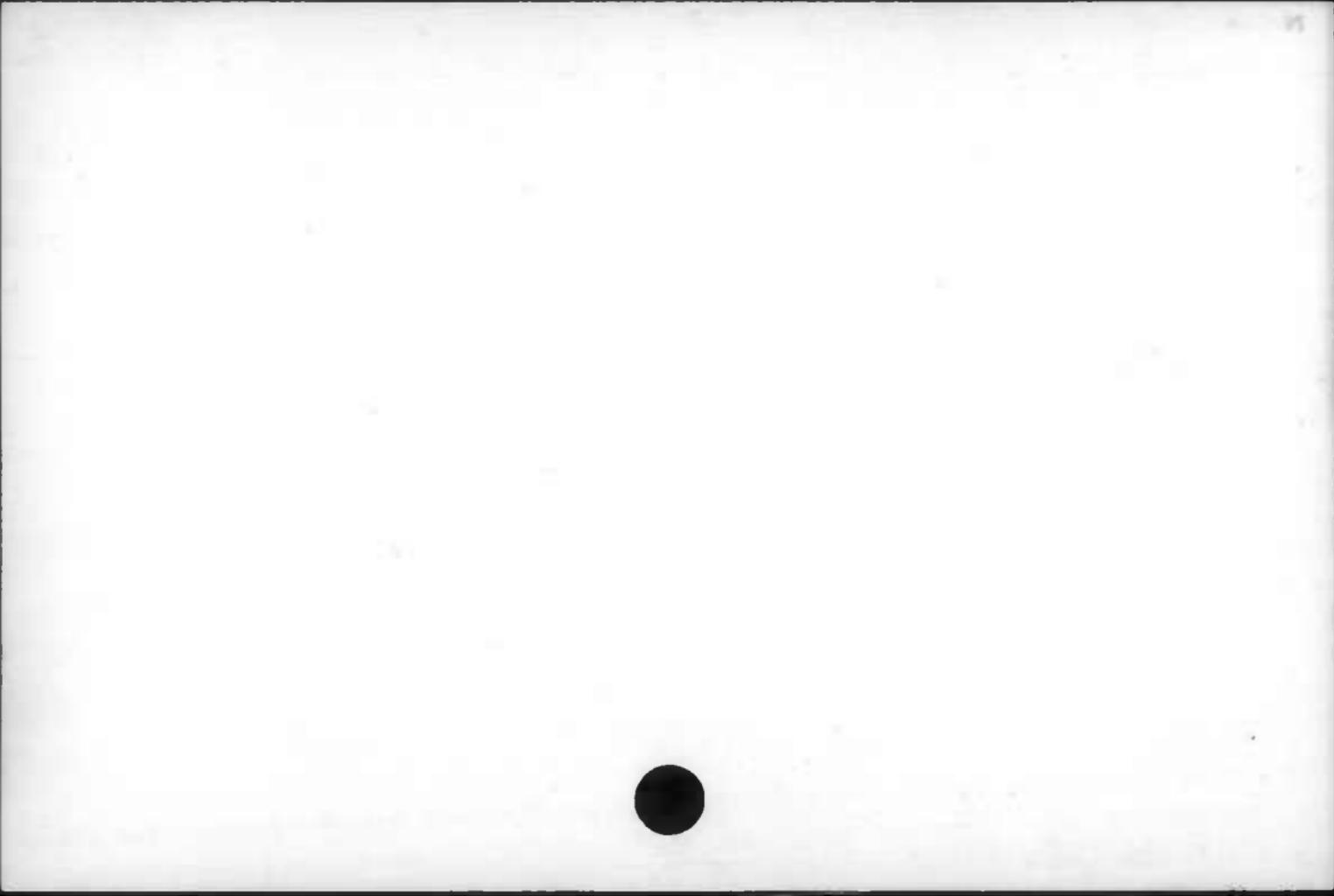
How long

3 days

Mr. S. Segurous  
Trappe Md

Accident or Suicide

No



Name  
in  
Full

Cornelia E. Brownell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND	
Died at	Talbot	Month	Days
Date of death	1909	Sept - 14	Age 57
Sex	Male	Color or Race	White
Occupation	Farmer	Where Residing if not at place of death	Same
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Robert Brownell	Father's Birthplace	Talbot Co
Mother's Maiden Name	Susan A. Cooper	Mother's Birthplace	Talbot Co,
Name of person giving Information	Corrie Jones	How related to deceased	Sister

CAUSES OF DEATH

158

PHYSICIAN  
OR CORONER

Primary

Almond

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

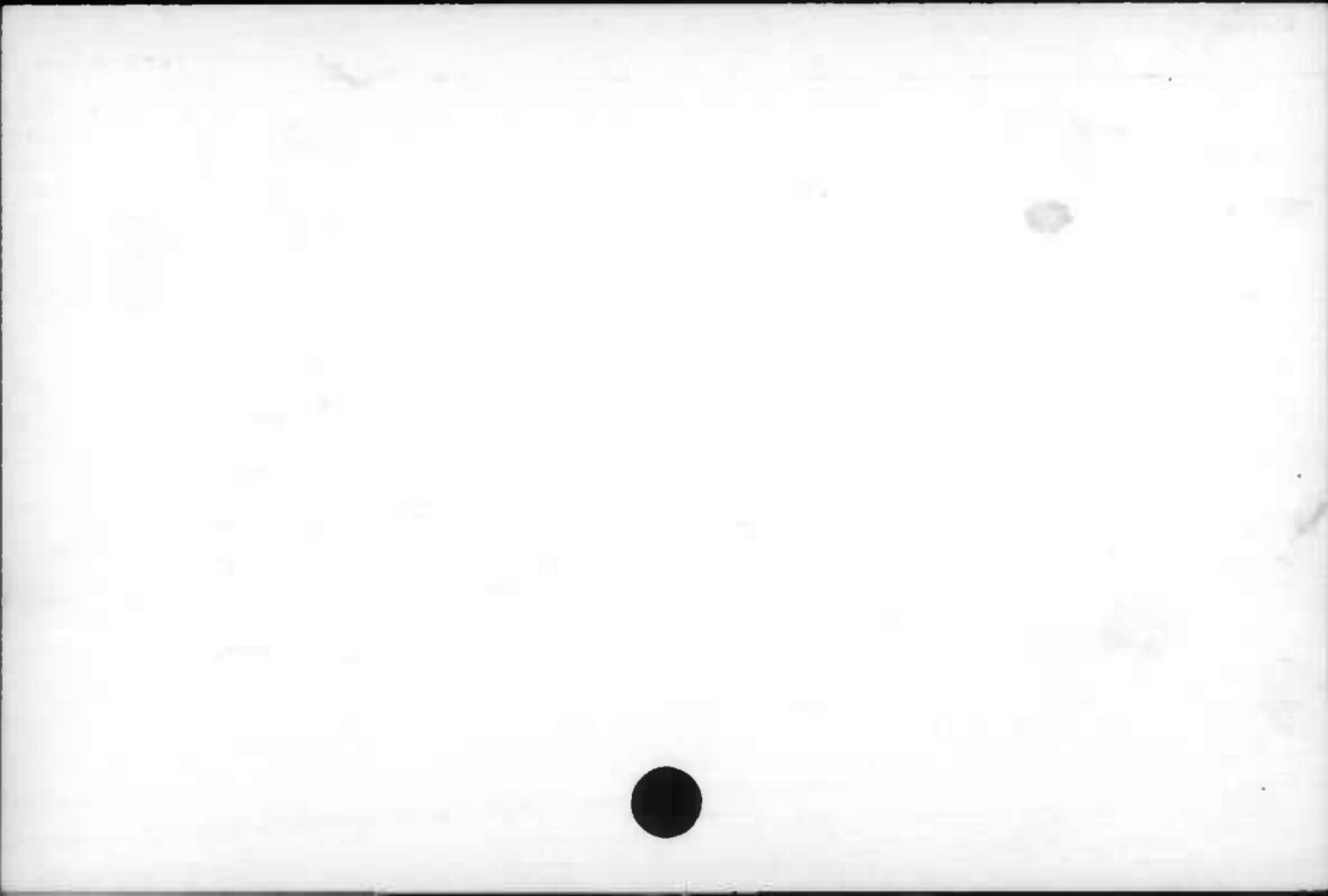
Signature of Physician

Addressee

W. J. B. Sech -  
S. Michael  
Jed

Accident or Suicide

Suicide



Name  
in  
Full

Charles Carrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at

Town

Easton

County

Salisbury

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1909

9

13

Age

0

0

19

Sex

Males

Color or  
Race

Caucasian

Birth-  
place

Lewisville

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

J.S. Carrick

Father's  
Birthplace

Prince George's  
Md

Mother's  
Maiden Name

Lula E. Williams

Mother's  
Birthplace

Baldo. Md

Name of person giving  
Information

J. S Carrick

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Acute Dendigestion

104

3 hours

Immediate

Heart failure

How long

3 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

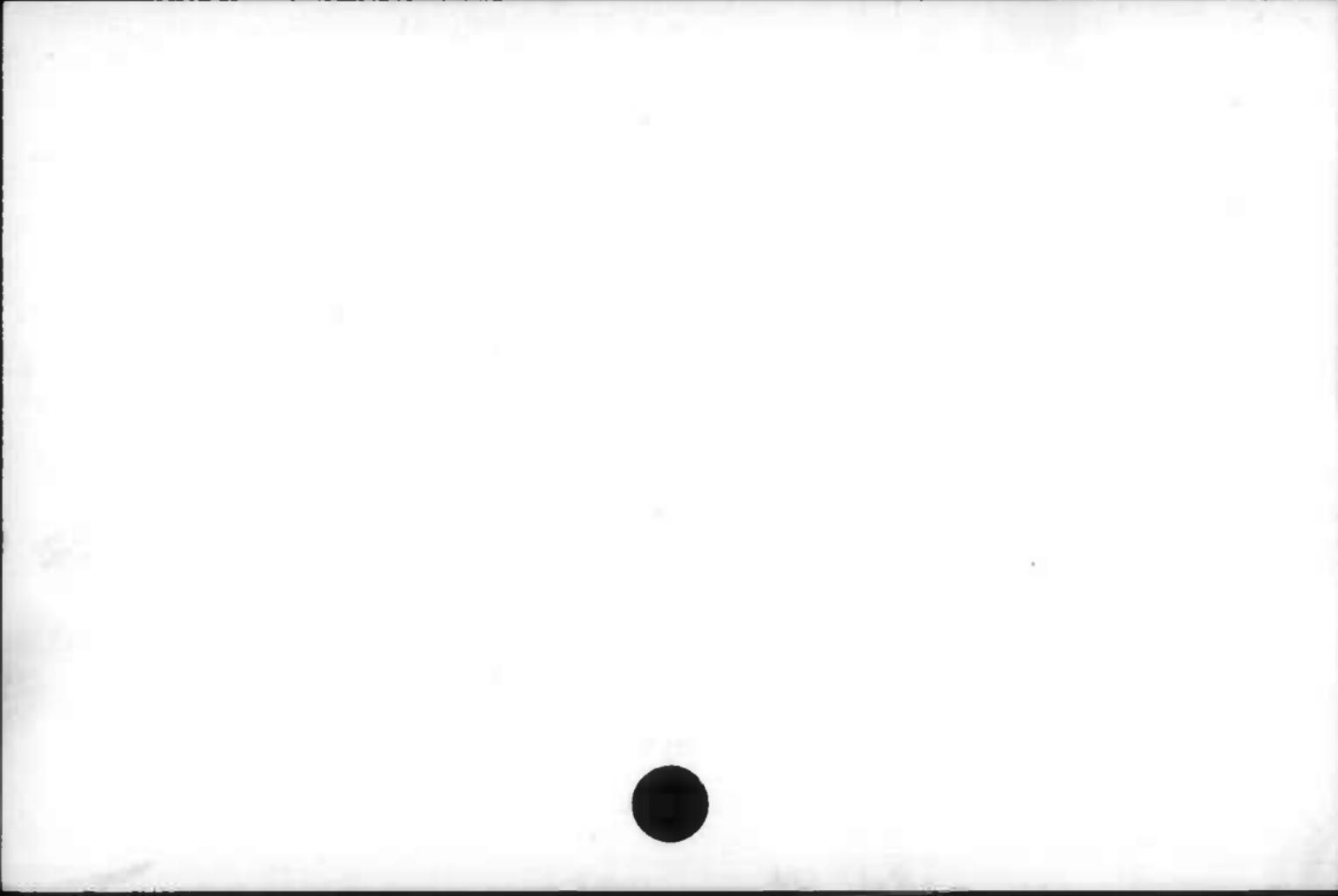
Signature of  
Physician

Address

S. C. Willson M.D.  
Easton Md.

Accident or Suicide

9



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Joseph Summers Dawson

Town  
Grappey Gobet

County

CERTIFICATE OF DEATH

MARYLAND

Died at Date Month Day Age Years Months Days  
of death 1909 9 22 52 7 15

Sex Male Color or Race White

Birth-place Galbot Co. Md.

Occupation Retired Physician Where Residing if not  
at place of death

Married, Single or Widowed Married Name of Wife or Husband Georgranna Helhelmine Hampton

Father's Name George Harry Dawson Father's Birthplace Baltimore Md.

Mother's Maiden Name Sallie Anna Summers Mother's Birthplace Dorchester Co. Md.

Name of person giving Information Geo. Dawson How related to deceased Brother

CAUSES OF DEATH

Primary

Tuberculosis

62

How long

✓

5 years

5 days

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

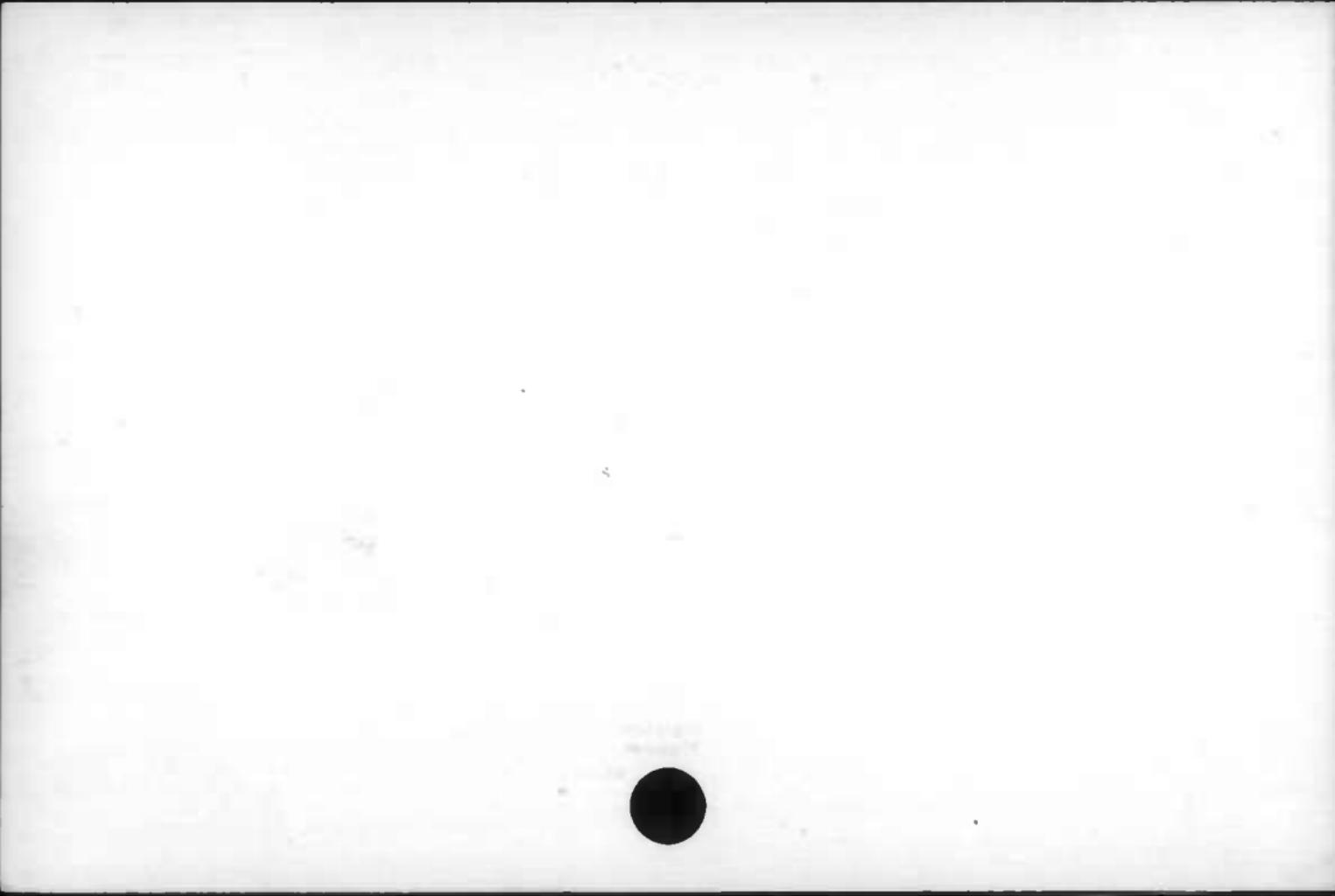
Yes

Signature of  
Physician

Address

Joseph A. Ross Jr.  
Grappey Gobet

Accident or Suicide



Name  
in  
Full

Willie Grace Dawson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month Sept,	Day 20	Years 26	Month 11	Days 18
Sex	Femal	Color or Race	white	Birth-place	Talbot Co,	
Occupation	House work		Where Residing if not at place of death			
Married, Single or Widowed	Sing	Name of Wife or Husband		Father's Birthplace	Talbot Co,	
Father's Name	John H. C. Dawson		Mother's Birthplace	Talbot Co,		
Mother's Maiden Name	Flora C. Smith		How related to deceased	Father		
Name of person giving Information	J. H. C. Dawson					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid fever

1

✓

How long

10 weeks

Immediate

Nephritis = bona

How long

48 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

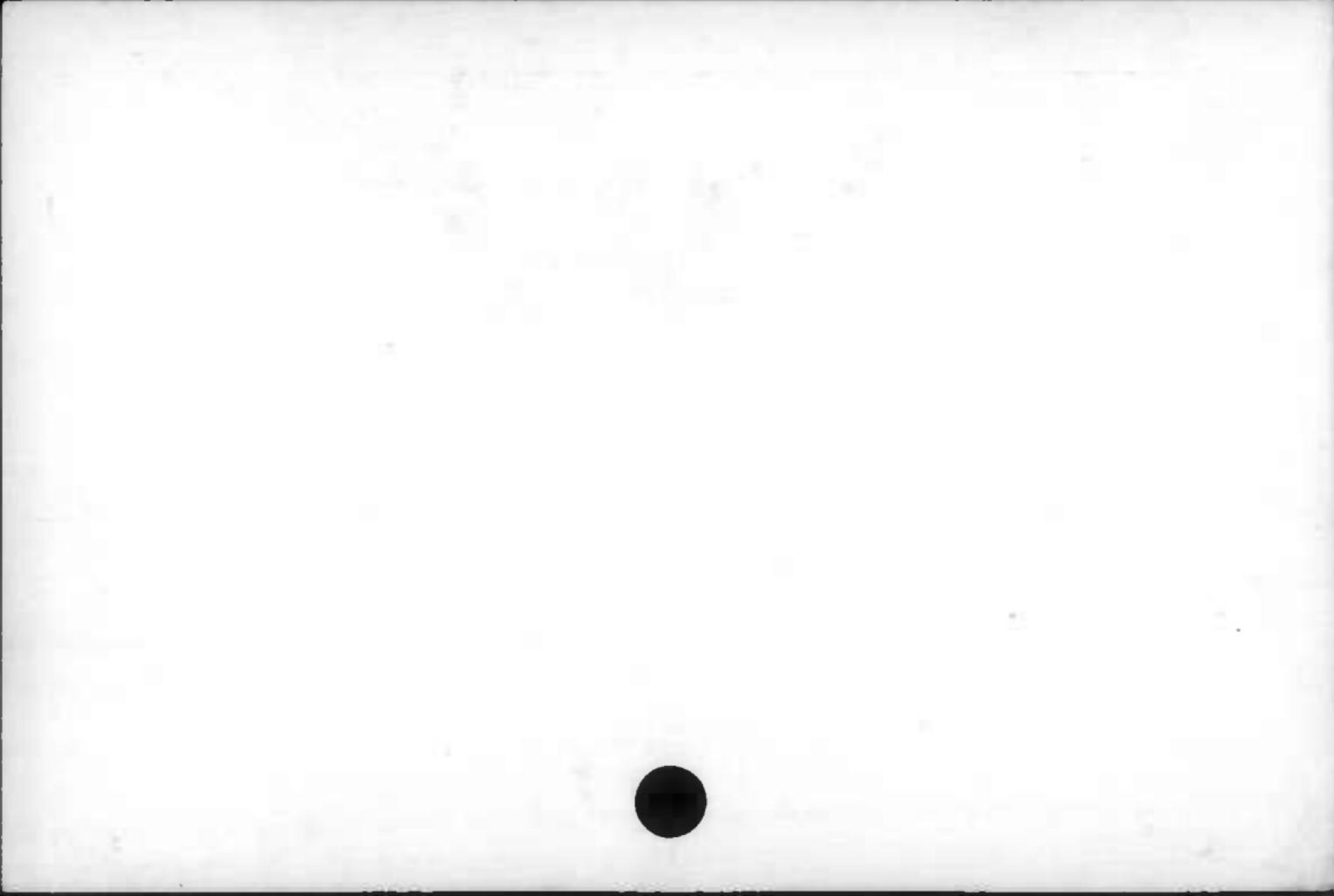
Signature of  
Physician

Address

William S. Symmons  
Trappe Md.

Occident or Suicide

No



Name  
in  
Full

Robert Ellis

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at Easton Town

County Talbot

Months Days

Date of death 1909 Month Sept

Day 24 Age 21

Sex Male

Color or Race Black

Birth-place Maryland

Occupation Laborer

Where Residing if not  
at place of death  
Easton

Married, Single  
or Widowed Single

Name of Wife or  
Husband

Father's Name Robt Ellis

Father's Birthplace Va

Mother's Maiden Name Mary Slov

Mother's Birthplace Md

Name of person giving  
Information Robert Ellis

How related to deceased Father

CAUSES OF DEATH

Primary Gun shot wound severing Femoral artery How long 8 hrs -

Immediate Hemorrhage - How long 8 hrs -

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Chas. J. Davidson  
Easton, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

Homicide (not)

Gun in hand of Wm. Monday, and jury  
decided killing was in self defence and  
Justified homicide

Name  
in  
Full

Wreth A Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town Died at near Easton		County Talbot		MARYLAND	
Date of death 1909	Month Sept	Day 30	Years 1	Months 3	Days —
Sex Female	Color or Race Black	Birth- place Talbot Co			
Occupation —	Where Residing if not at place of death Talbot Co				
Married, Single or Widowed —	Name of Wife or Husband —				
Father's Name Jacob E Johnson	Father's Birthplace Talbot Co.				
Mother's Maiden Name Blanche Gardner	Mother's Birthplace Talbot Co.				
Name of person giving Information Jacob E Johnson	How related to deceased Father				

CAUSES OF DEATH

105

Primary

Teething

2 weeks

Immediate

Infantile Sirea

4 days

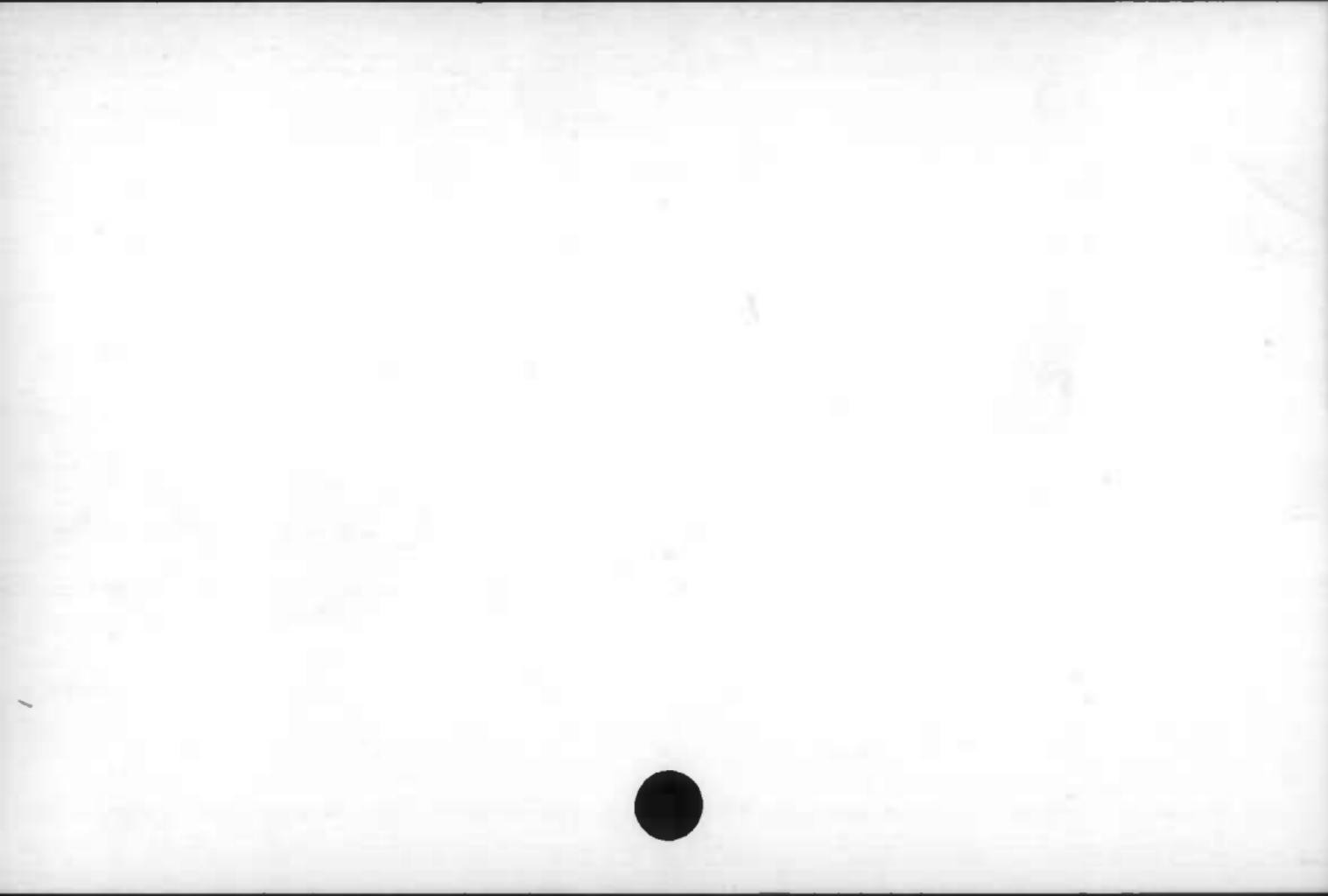
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

John B Fairbank  
Easton Md  
Coroner

Accident or Suicide

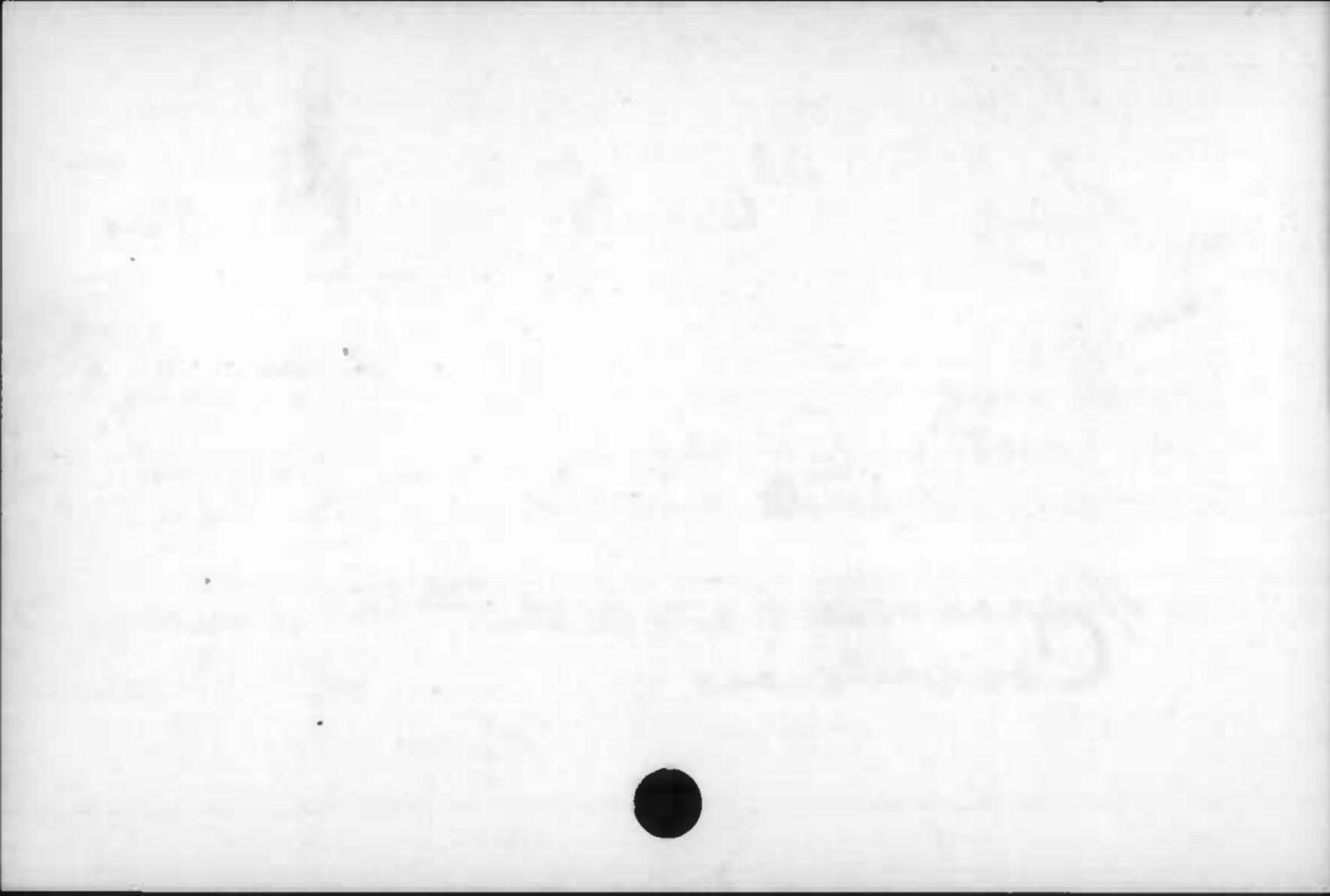


Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	William Sahay					Father's Birthplace
Mother's Maiden Name	Mary Fitsch					Mother's Birthplace
Name of person giving information	Mary Fitsch					How related to deceased
CAUSES OF DEATH						
Primary	Labour					long
Immediate	Asphyxia					How long
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
Accident or Suicide?			Address			



Name  
in  
Full

Margarete Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Queen Anne

Salisbury

Date of death 1909	Month Sept.	Day 23	Age one	Months Two	Days
Sex Female	Color or Race	Colored			
Occupation		Where Residing if not at place of death Phila. Pa.			

Married, Single  
or Widowed

Name of Wife or Husband

Father's Name

Queen Lewis

Father's Birthplace

Towndsend del.

Mother's Maiden Name

Mattie Pauls

Mother's Birthplace

Queen Anne Md.

Name of person giving Information

Mattie Lewis

How related to deceased

Mother ✓

CAUSES OF DEATH

Primary

Hiccosmus due to Gastro-enteritis Six months

Immediate

Convulsions

How long

How long

Four days

Are the name, age, sex, color, date and place correctly given above?



Signature of Physician

Address

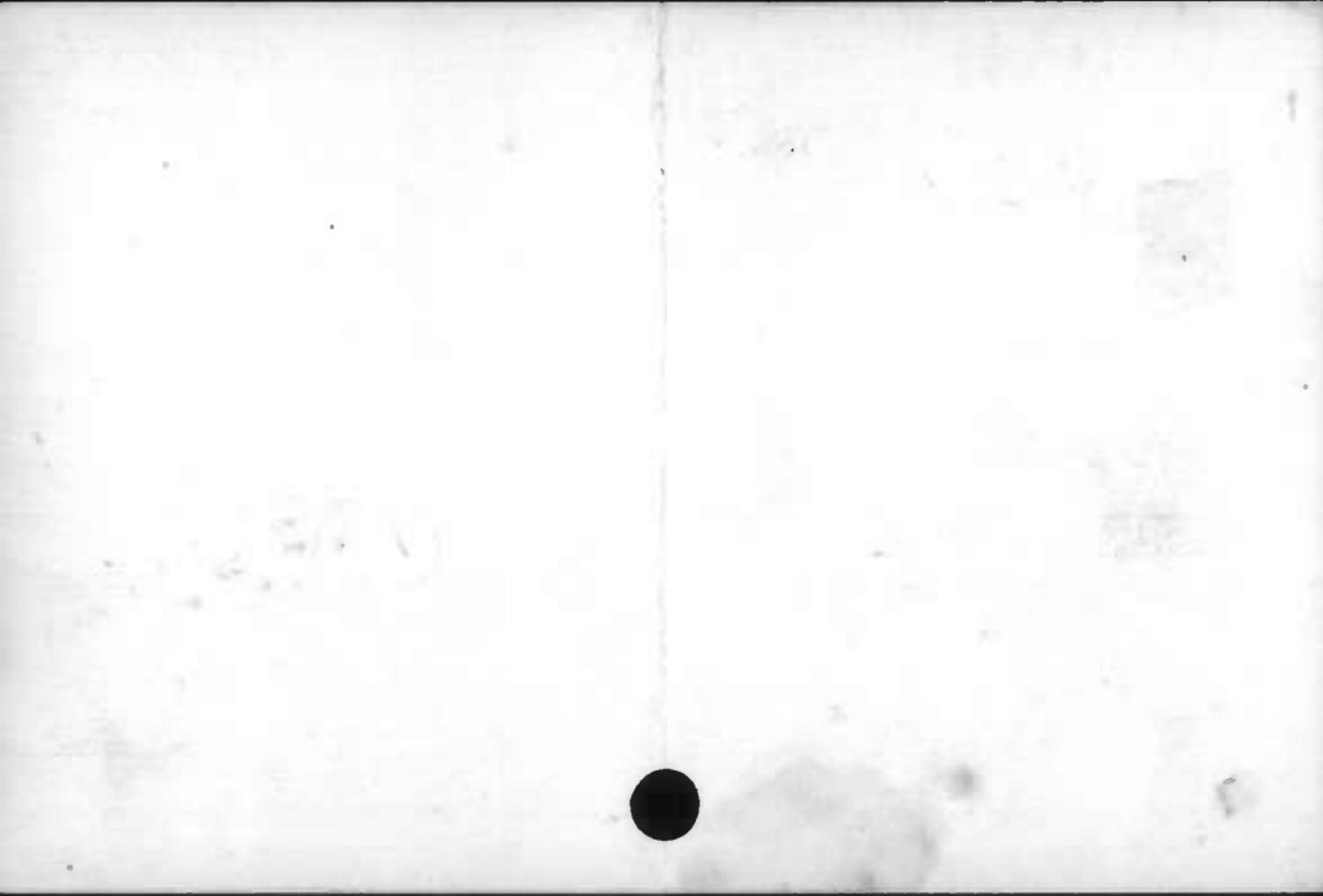
Dr. Robley Hackett

Queen Anne  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

No



Name  
in  
Full

Lester Mayfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1909	Month Sept	Day 21	Years 0
Sex Boy	Color or Race colored	Birth-place Md	Months 4
Occupation None	Where Residing if not at place of death Same	Days 0	
Married, Single or Widowed	Name of Wife or Husband X	Father's Birthplace Md	
Father's Name Edward Mayfield	Mother's Birthplace Md		
Mother's Maiden Name Hattie Wright	How related to deceased Mother		
Name of person giving Information Hattie Mayfield	How long 1 Month		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Stroke

Immediate

Same

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

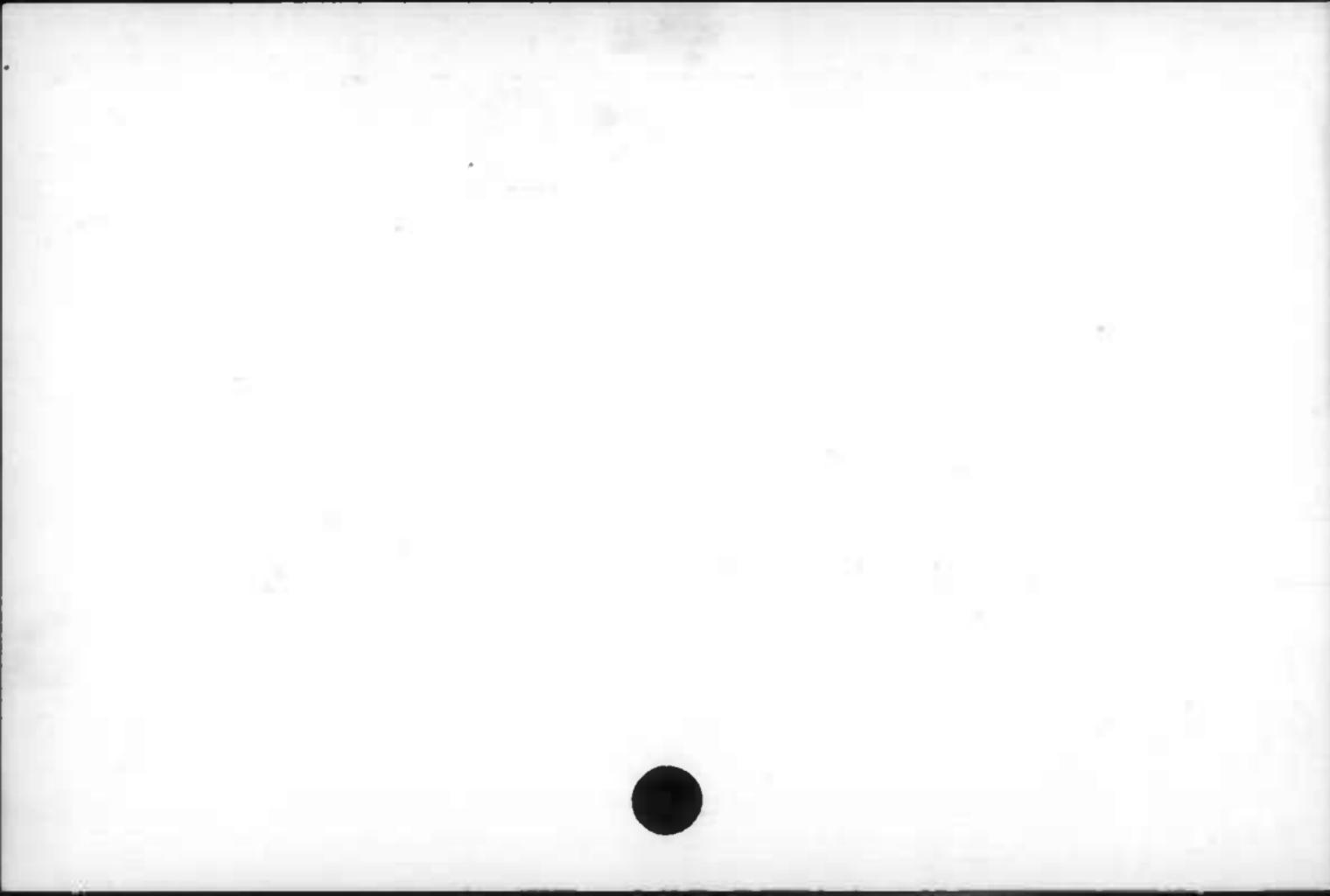
E. R. Dixie

Address

Easton

Md

Accident or Suicide



Name  
in  
Full

Alexander Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND				
Died at Sherwood	Falost					
Date of death 1909	Month Sep.	Day 20	Age 8	Years	Month 1	Days 21
Sax male	Color or Race Black	Birthplace Birth-placa Sherwood				
Occupation None	Where Residing if not at place of death "					
Married, Single or Widowed single	Name of Wife or Husband —					
Father's Name John Pinkney	Father's Birthplace Falost Co					
Mother's Maiden Name Minnie Miller	Mother's Birthplace Sherwood					
Name of person giving Information "	How related to deceased brother					

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Remittent fever

4

How long

2 weeks

Immediate

Faundice

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. K. Wilson

Tilly Branch  
Md

Accident or Suicide

228

100



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Lloyd Miller

MARYLAND

Died at

Town

County

Date  
of death

Month

Day

Years

Months

Days

190

9

Sept.

22

Age

61

1

6

Sex

Male

Color or  
Race

Black

Birth-  
place

McDaniel

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

John Miller

Father's  
BirthplaceMother's  
Name

Eliza Mitchell

Mother's  
BirthplaceName of person giving  
Information

Charles H. Miller

How related  
to deceased

McDaniel

McDaniel

Brother

## CAUSES OF DEATH

Primary

Chronic Nephritis.  
Cardiac failure

120

How long

2 yrs

✓

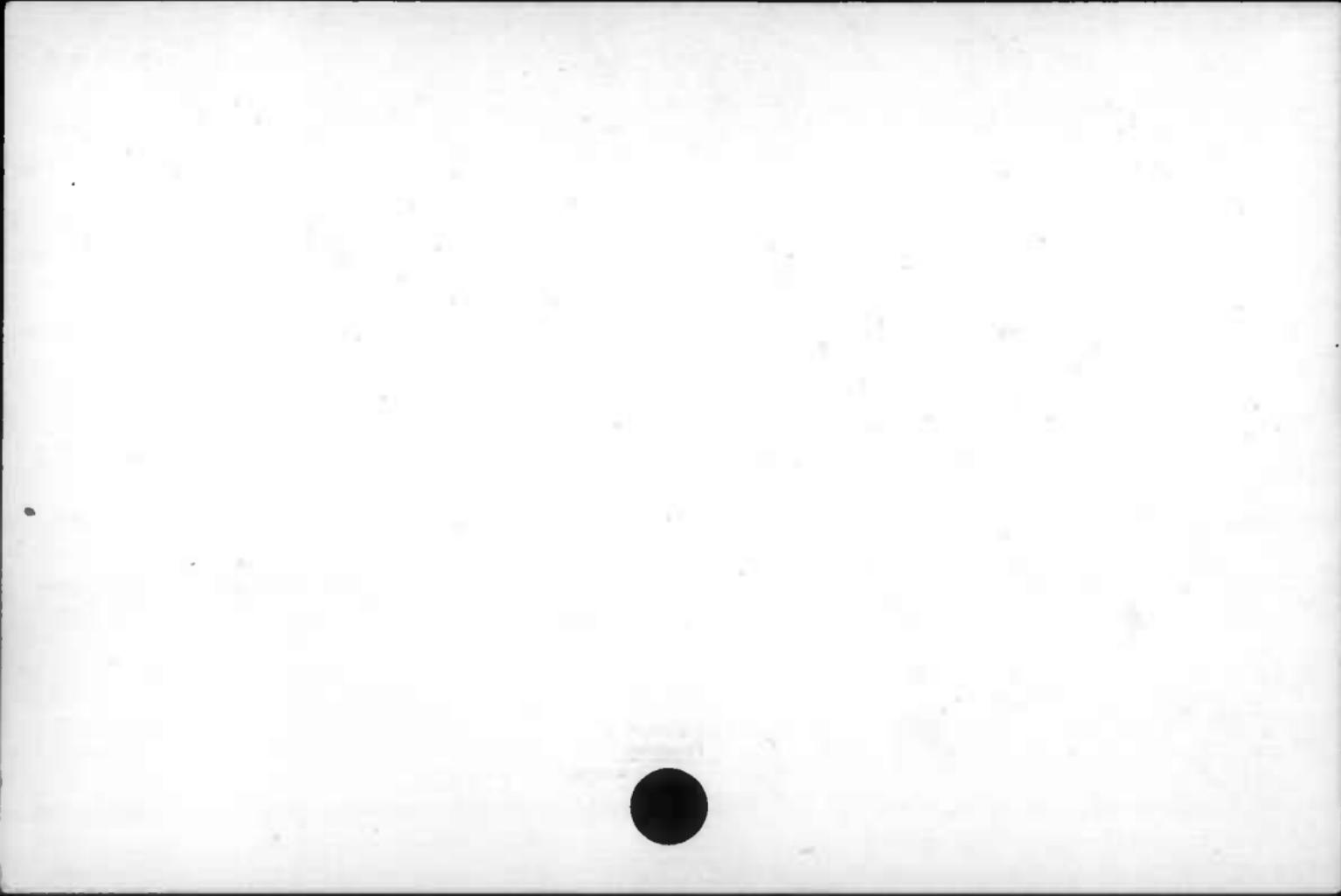
Immediate

Yes  
NoSignature of  
Physician

Address

J. St. John, M.D.  
Dr. Michaels, M.D.

Accident or Suicide



Name  
in  
Full

Infant

Muller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Belvoir

Talbot.

MARYLAND

Date of death 1909 Month Sept

Day 22

Years

Months

Days

4

Sex Female

Color or Race

white

Birth-place

Belvoir

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's Name

John Muller

Father's Birthplace

Germany

Mother's Maiden Name

Lillian Devan

Mother's Birthplace

Germany

Name of person giving  
Information

John Muller

How related  
to deceased

Father ✓

CAUSES OF DEATH

71

How long

Primary

Don't Know

Immediate

Spasms

How long

56 hours

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Jesse C. Tripper  
Royal Oak Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Carrie Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Chaple

County  
Talbot

Date

Month  
1909 Sept

Day  
29

Years  
22

MARYLAND

Months

Days

of death

Age

Sex

Female

Color or  
Race

bol.

Birth-  
place

maryland

Occupation

Housework

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Daniel Price

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Sarah Poney

Mother's  
Birthplace

"

Name of person giving  
Information

Frank Price

How related  
to deceased

Brother

Primary

CAUSES OF DEATH

Tuberculosis of Lungs

27

How long

3 mos.

Immediate

Exhaustion

3 days.

Are the name, age, sex, color, date  
and place correctly given above?

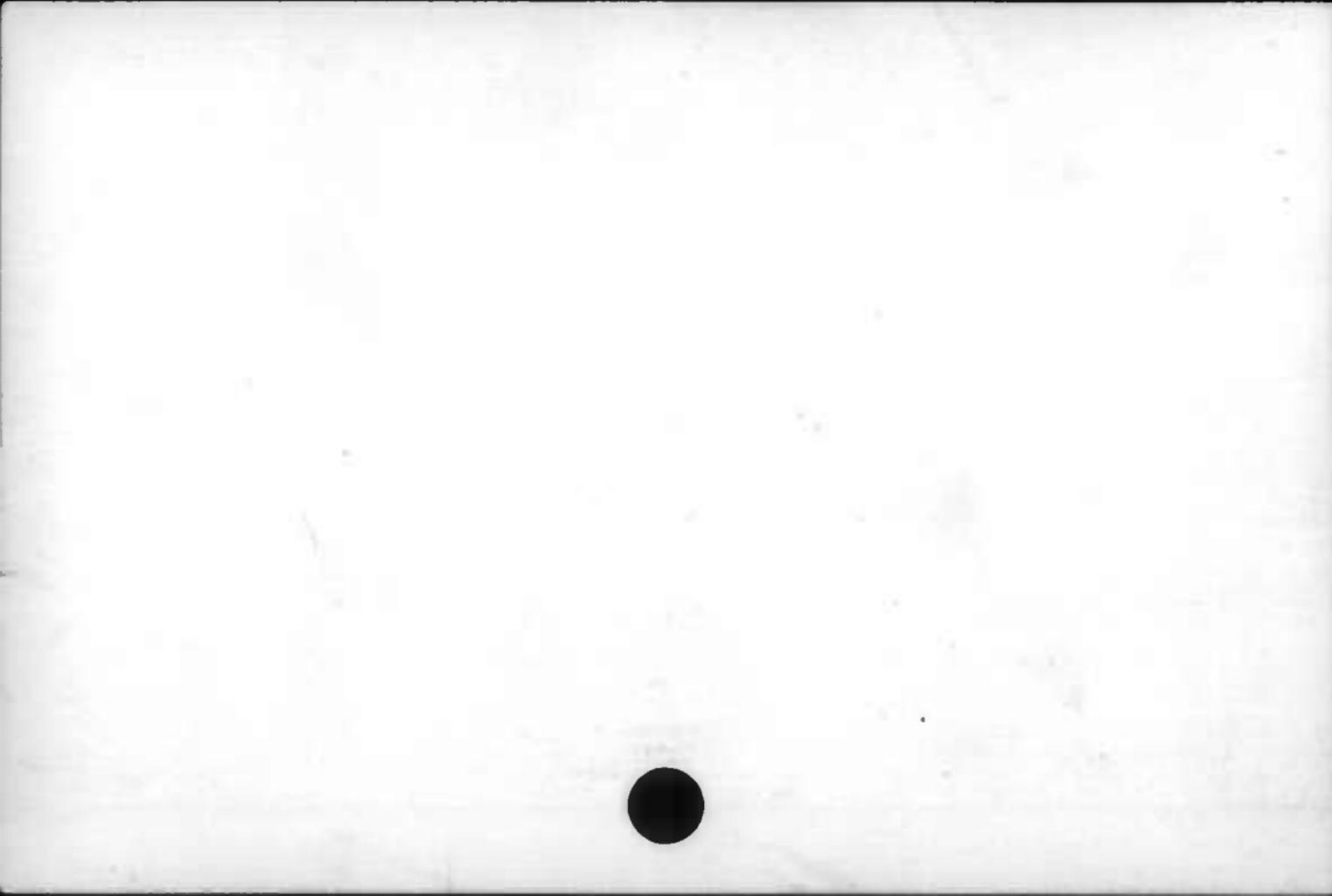
Yes

Signature of  
Physician

Address

S. Dwellson  
Easton

Accident or Suicide



Name  
in  
Full

Nannie Carter Robinson

CERTIFICATE OF DEATH

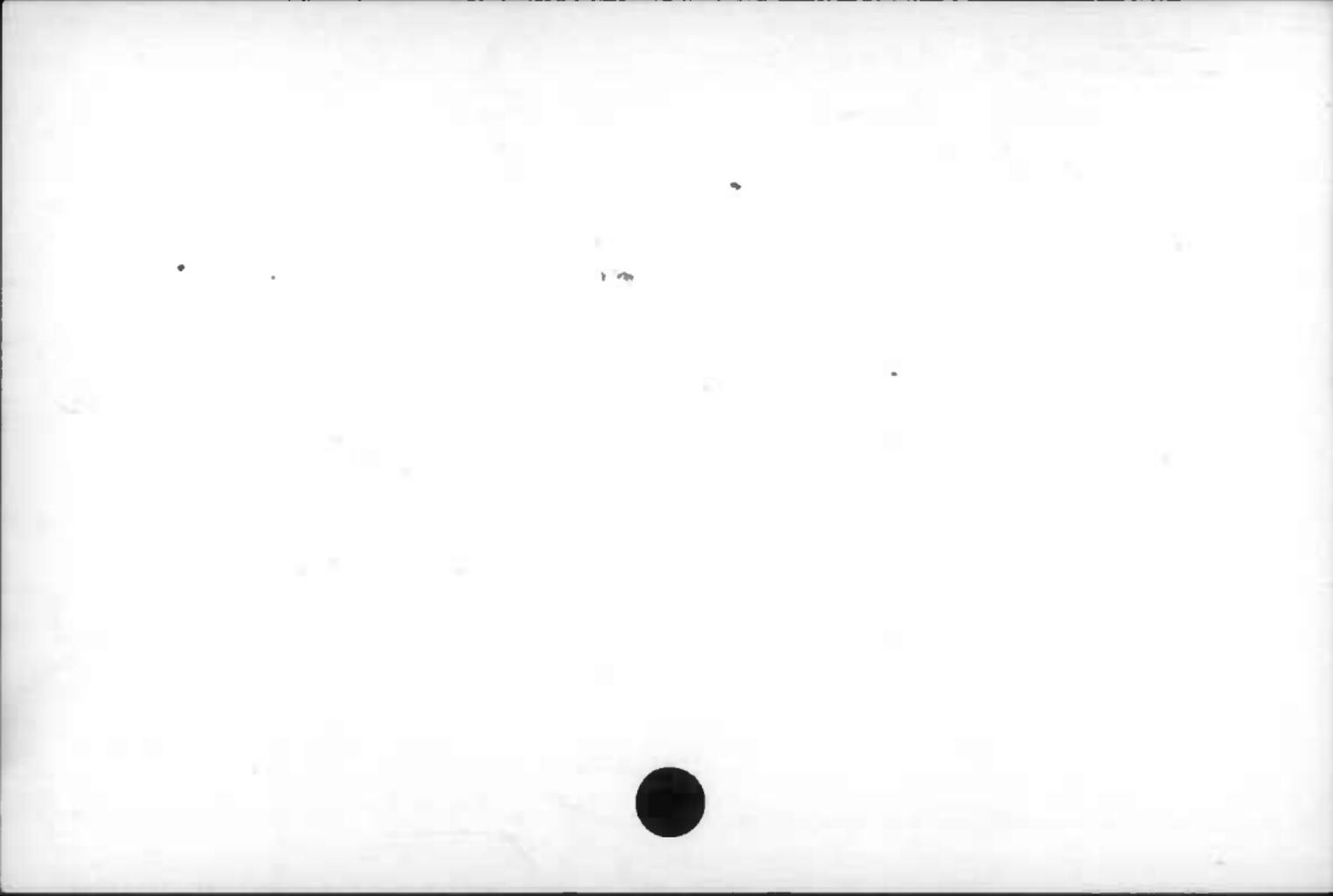
TO BE ANSWERED BY  
NEAREST FRIEND

Disd st	Town <b>Easton</b>		County <b>Talbot</b>	MARYLAND	
Date of death	Month <b>Sept</b>	Day <b>30</b>	Years <b>Age 46.</b>	Montha <b>5</b>	Days <b>-</b>
Sax	<b>Female</b>		Color or Race <b>White</b>	Birth-place <b>Md</b>	
Occupation	<b>Lady</b>		Whara Residing if not at place of death <b>X</b>		
Marriad, Single or Widowed	<b>single</b>		Name of Wifa or Husband <b>X</b>	Father's Birthplace <b>Md</b>	
Fathar's Name	<b>Alexander P. Robinson</b>				
Mother's Maiden Name	<b>Ella alfor Brown</b>			Mother's Birthplace <b>Md</b>	
Name of person giving Information	<b>Mary R Adams</b>			How related to deceased <b>sister</b>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Abdominal Carcinoma</b>		How long <b>45</b>	<b>✓</b>
Immediate	<b>Exhaustion</b>		How long <b>2 years</b>	
Are the name, age, sex, color, date and place correctly given above ?	<b>Yes</b>	Signature of Physician <b>E.R. Hipe</b>		
		Address <b>Easton</b>		
Accident or Suicida				



Name  
in  
Full

George Wilber Ralph

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Tolbot County Tolbot

MARYLAND

Died at Tolbot Anne Month Sept. Day 4th Years 46 Age 46

Months 11 Days 21

Date of death 1909 Sex Male Color or Race White

Birth-place Hilleboro, Md.

Occupation Hotel & Livery Prop. Where Residing If not at place of death

Married, Single or Widowed Morried Name of Wife or Husband Rachiel S. Griff

Father's Birthplace Kent Co. Ind.

Father's Name Wm H. Ralph.

Mother's Birthplace Baltimore Co. Md.

Mother's Name Sarah N. Ewing

How related to deceased Mother

Name of person giving Information Sarah N. Ralph.

56 ✓

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Supposed Aphyllax or over stimulated from Whiskey)  
How long to get  
Immediets Found dead in bed when wife went to call  
How long 10 min.

Are the name, age, sex, color, date and place correctly given above?

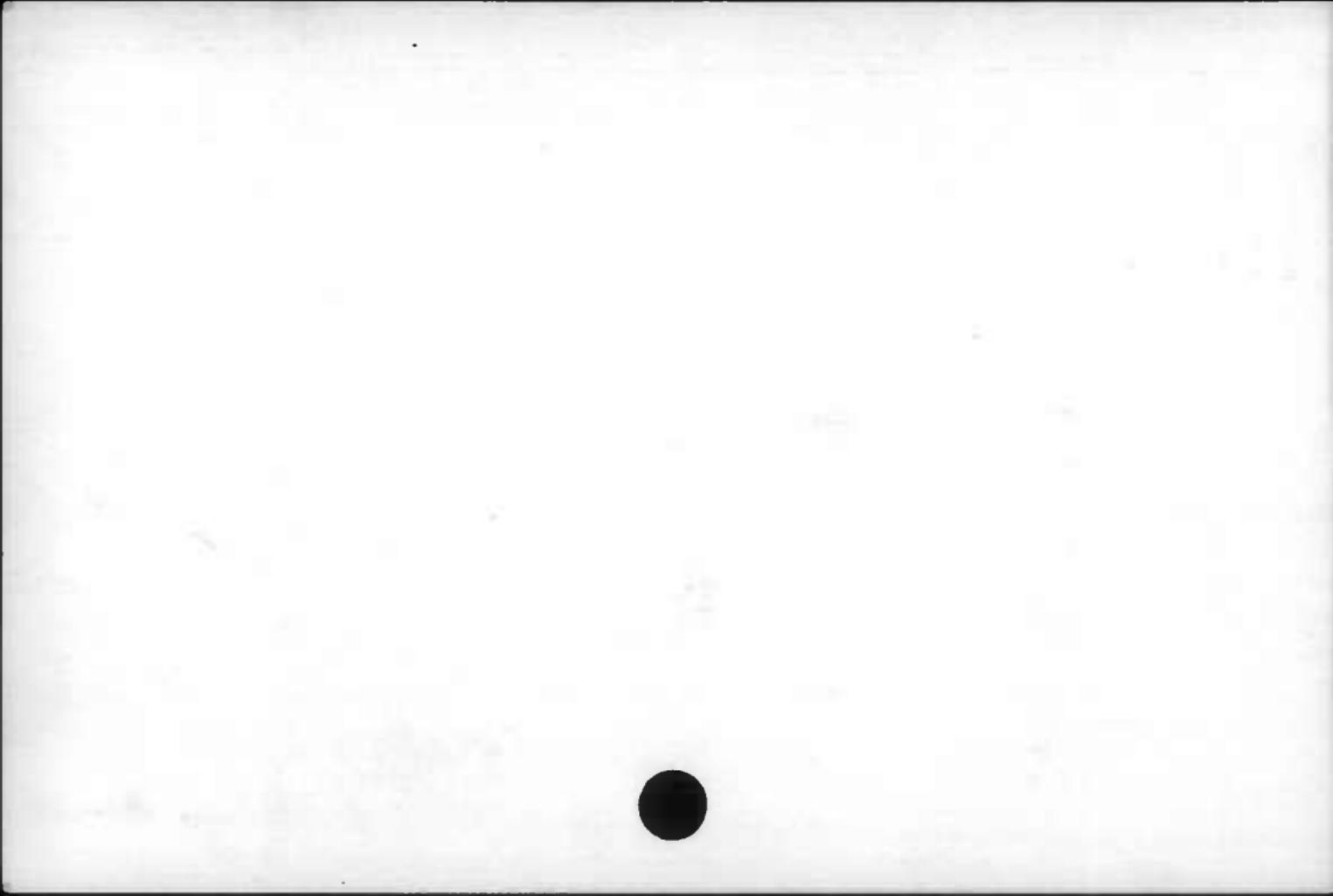
yes

Signature of Physician

Address

Robley Hackitt M.D.  
Tolbot Anne  
Md.

Accident or Suicide



Name  
in  
Full

Lion Schmitz

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at New Castle Town Talbot County  
Date of death 1909 Sep 23 Month Day  
Age 4 Years  
Sex Male Color or Race White  
Occupation  
Where Residing if not at place of death  
Birthplace Talbot

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Joseph Schmitz

Mother's  
Maiden Name

Suzanne Goodman

Name of person giving  
Information

Joseph Schmitz

Father's  
Birthplace

Germany

Mother's  
Birthplace

Germany

How related  
to deceased

Son

CAUSES OF DEATH

Primary

Scarlet Fever

7

How long

3 weeks

Immediate

Septicæmia

How long

one week

Are the name, age, sex, color, date  
and place correctly given above?

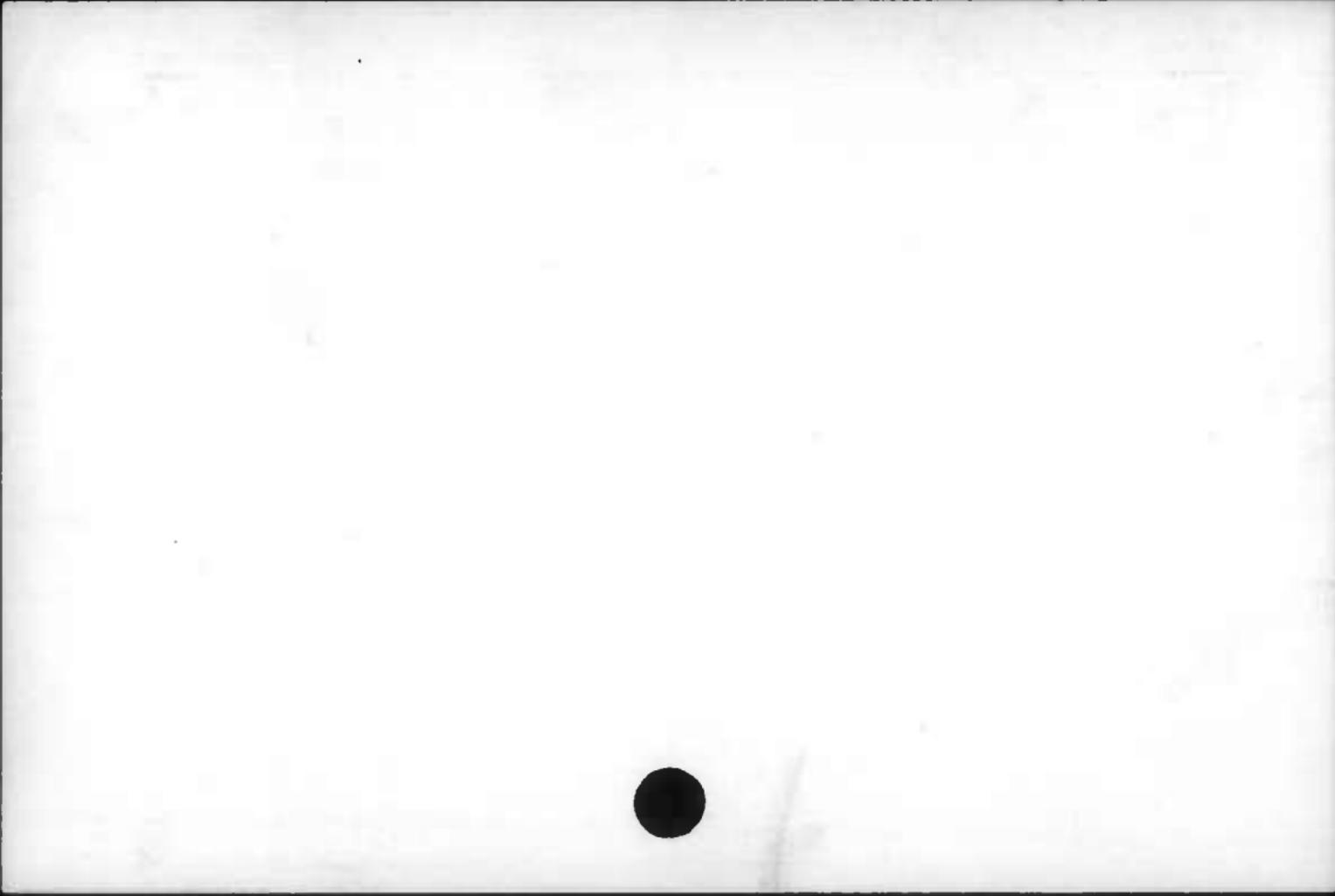
Signature of  
Physician

Address

S. Durrellson  
New Castle

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Robert Richardson Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	own town		County	MARYLAND	
Date of death 1909	Month Sept	Day 22	Years	Month 5	Day 27
Sex Male	Color or Race	Where Residing if not at place of death			
Occupation Dept. Police	Foothills Florence Stewart				
Married, Single or Widowed Married	Name of Wife or Husband	Talbot			
Father's Name	Samuel Thomas Stewart		Father's Birthplace	Talbot	
Mother's Maiden Name Anna Richardson			Mother's Birthplace	"	
Name of person giving Information Leo Stewart			How related to deceased	Brother	

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary Appendicitis Perforate  
Immediate Septic Intoxication

How long

6 days,

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

P. L. Moore,

Address

Eoston, Md

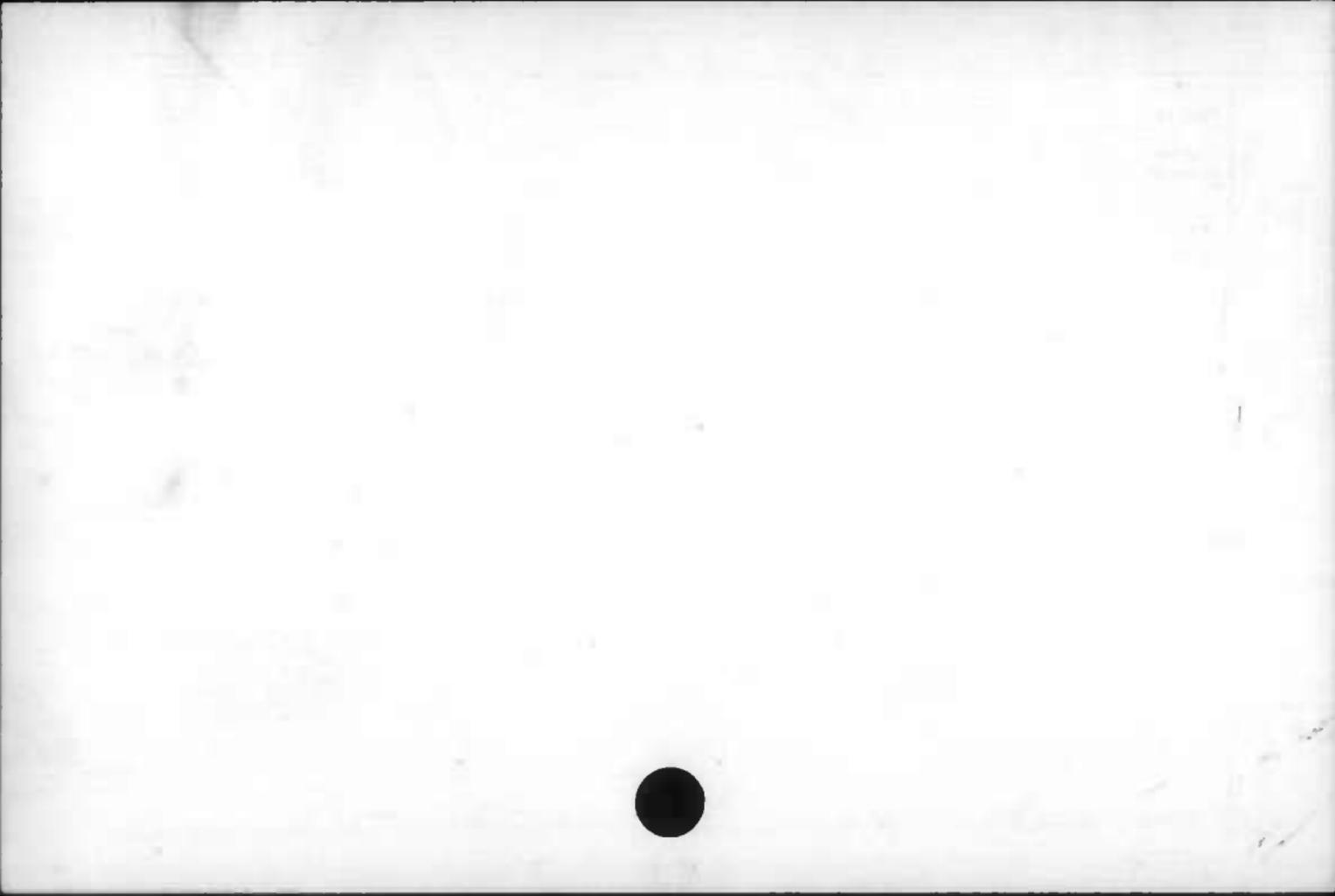
Accident or Suicide

118

How long

4 days

How long



Name  
in  
Full

Jolene Thomas Tyler

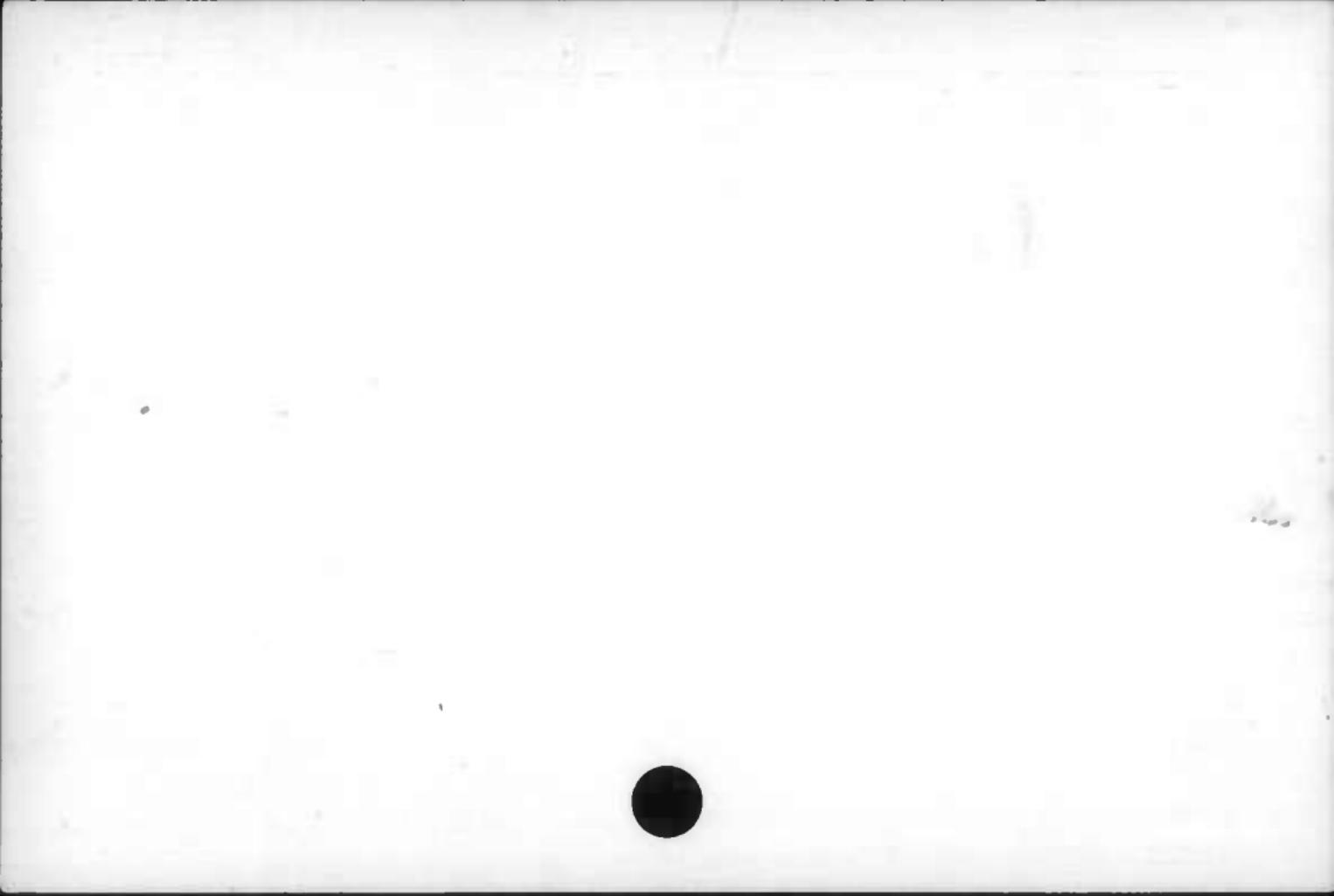
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town <u>Maryville</u>	County <u>Talbot</u>	MARYLAND			
Died at	Month <u>Sept.</u>	Day <u>14</u>	Years <u>77</u>	Months <u>9</u>	Days <u>10</u>
Date of death <u>1909</u>	Age <u>77</u>	Color or Race <u>white</u>	Birth-place <u>Gloucester Co.,</u>		
Sex <u>Male</u>	Occupation <u>Alimentary</u>	Where Residing if not at place of death <u>Same</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sarah V. Tyler</u>	Father's Name <u>Alfred Tyler</u>	Father's Birthplace <u>Gloucester</u>		
Mother's Maiden Name <u>Sarah Johnson</u>		Mother's Birthplace <u>Gloucester</u>			
Name of person giving Information <u>John F. Tyler</u>		How related to deceased <u>Son</u>			
CAUSES OF DEATH					
Primary <u>Bright's</u>		How long <u>120</u>			
Immediate <u>Heart Failure</u>		How long <u>3 yrs</u>			

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. J. B. Sull</u>
	Address <u>208 Michael, Tid</u>
Accident or Suicide <u>No</u>	



Name  
in  
Full

Still Birth Watson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

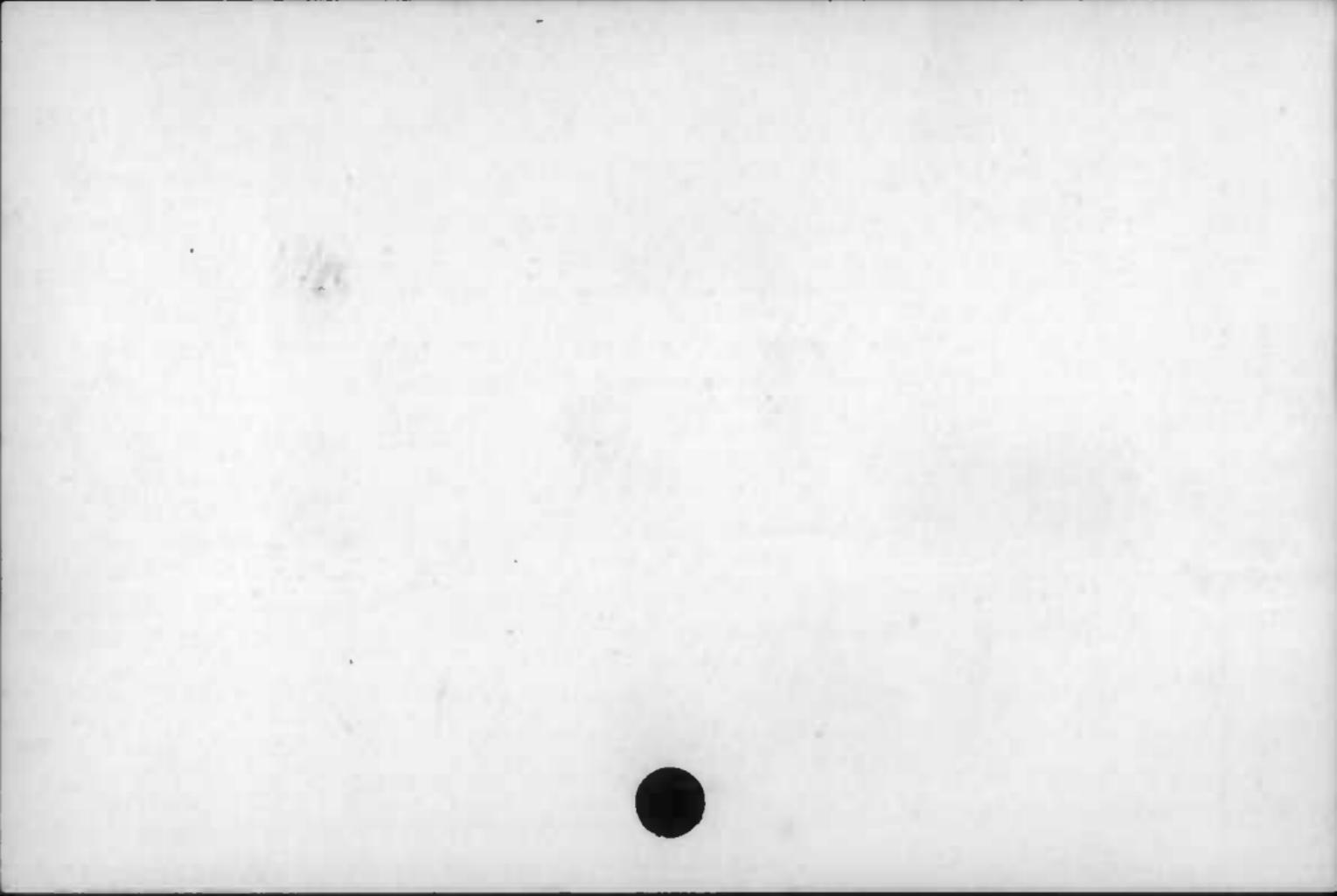
Died at	Town	County	MARYLAND		
Offora	Jalbot				
Date of death 1909	Month Sept	Day Nov	Years	Months	Days
Sex Female	Color or Race Colored	Birth-place Offora Md			
Occupation	Where Residing if not at place of death				

Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace
Edwana Watson		Somerset Co Ma
Mother's Maiden Name	Lasse Starling	Mother's Birthplace
Name of person giving Information	Edwana Watson	How related to deceased
		Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Still Born	
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		J M Eastland MD
	Address	Offora Md
Accident or Suicide?		



Name  
in  
Full

James Wilson Whittington

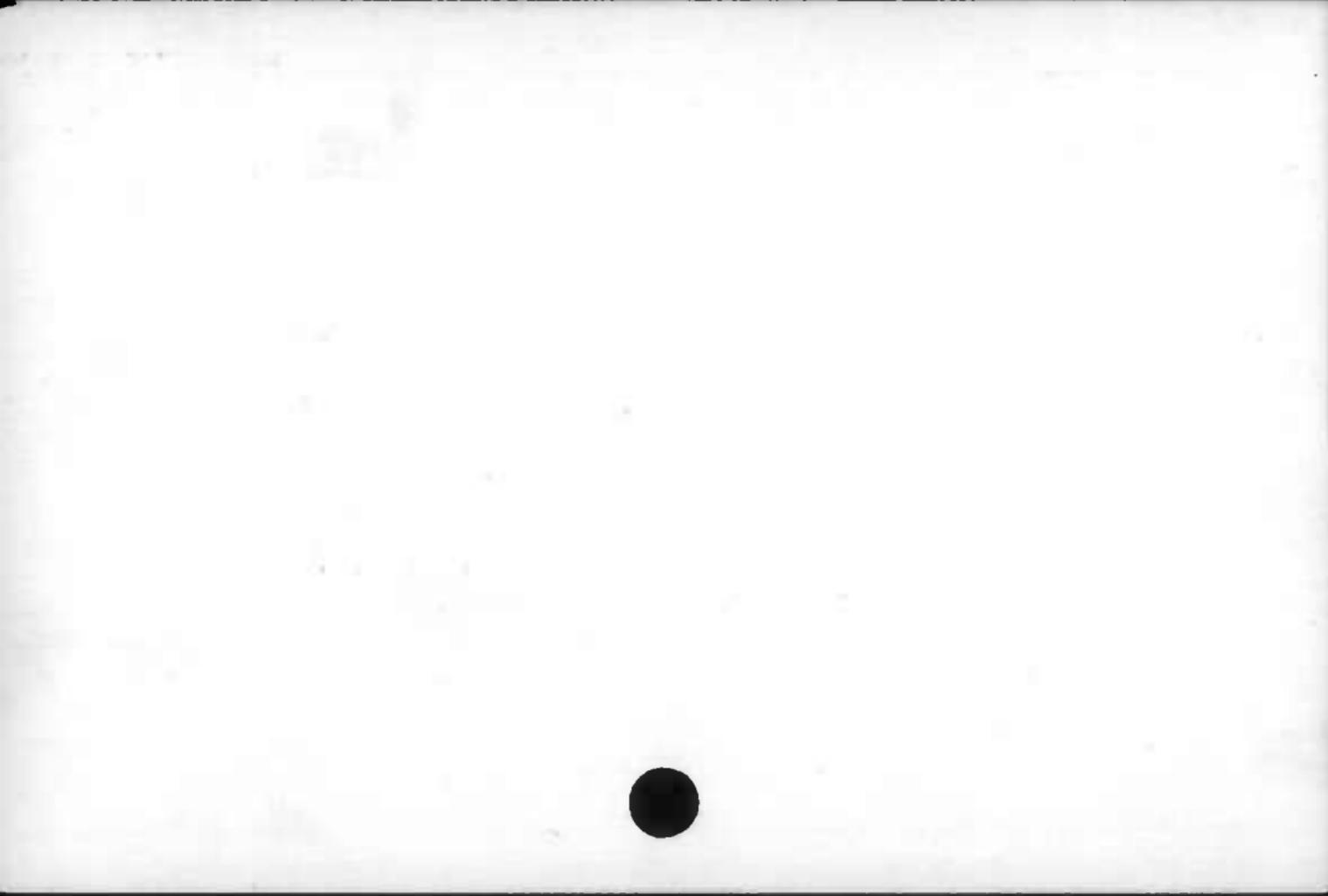
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town <u>Slyman</u>	County <u>Calvert</u>	MARYLAND
Date of death	Month <u>Sept</u>	Day <u>8</u>	Years
Sex	Age	Months	Days
Occupation	Color or Race <u>Black</u>	Birth-place	<u>Marion Station</u>
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death	
Father's Name	<u>Sherman Whittington</u>	Father's Birthplace	<u>Marion Station</u>
Mother's Maiden Name	<u>Eustice Jones</u>	Mother's Birthplace	" "
Name of person giving information	<u>Sherman Whittington</u>	How related to deceased	<u>Foster</u>
CAUSES OF DEATH			
Primary			
Immediate	<u>Heart disease</u>	How long	<u>79</u> ✓
Are the name, age, sex, color, date and place correctly given above?	<u>yes -</u>	Signature of Physician	<u>J.K. Wilson</u>
Address	<u>Slyman</u>		

Accident or Suicide



Name  
in  
Full

Hilyard. Leonard Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

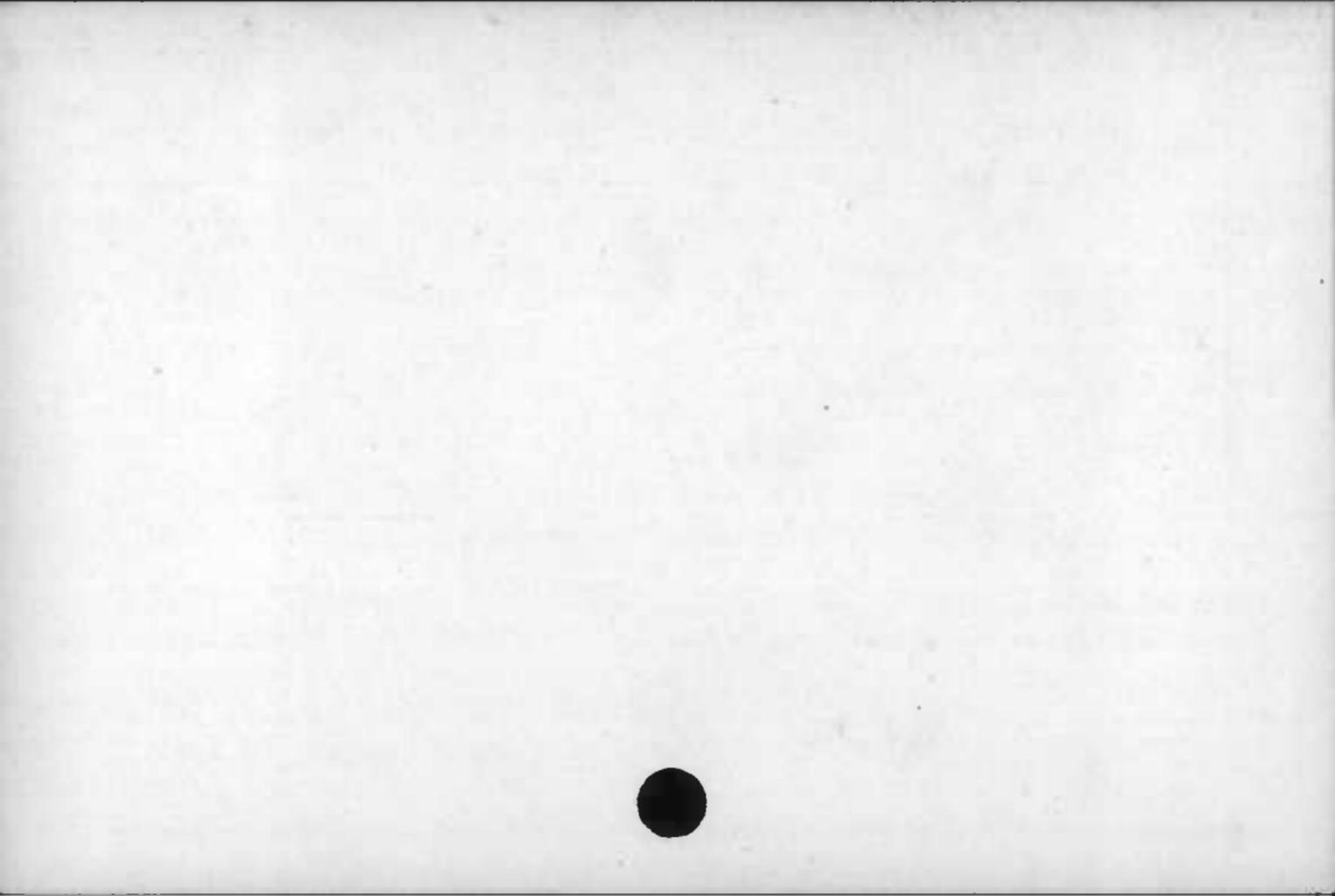
Died at		Town	County	MARYLAND		
Date of death	1909	Month Sep.	Day 4	Years —	Months 2	Days 11
Sex	Male	Color or Race	Colored	Birth-place	Cordova.	
Occupation	Guitarist		Where Residing If not at place of death	Cordova		
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Alfred. Carroll Wilson		Father's Birthplace	Talbot Co		
Mother's Maiden Name	Ida. Wilson		Mother's Birthplace	Talbot Co		
Name of person giving information	Alfred. Carroll Wilson		How related to deceased	Father ✓		

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Epilepsy (Emphysema)	How long	Several weeks
Immediate	Suffocation	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	G. M. Stoll, M. D.
		Address	Cordova Md.
Accident or Suicide?			



Name  
in  
Full

Margaret Woolford  
Town Easton County Talbot

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Easton

MARYLAND

Town

County

Date of death

1909

Month

9

Day

22

Years

0

Months

0

Days

7

Age

Sex Female  
Occupation

Color or  
Race

African

Birth-  
place

Easton, Md.

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Robert Thompson

Father's  
Birthplace

Jamestown N.Y.

Mother's  
Maiden Name

Selilah Woolford

Mother's  
Birthplace

Easton Md.

Name of person giving  
Information

Robert Thompson

How related  
to deceased

Father

Primary

CAUSES OF DEATH

Immediate

Acute Indigestion

104

✓

Hour das.

Are the name, age, sex, color, date  
and place correctly given above?

Convulsive

How long

Twelve hours

Yes

Signature of  
Physician

Address

S. D. Willson  
Easton Md.

Accident or Suicide

